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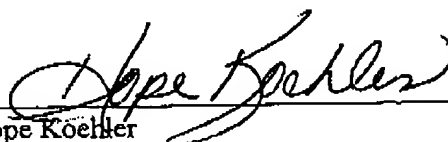
CERTIFICATE OF FACSIMILE TRANSMISSION  
UNDER 37 CFR §1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571)-273-8300.

Date

7/27/06

Hope Koehler



In Re Application Of: Jerding, et al.

Art Unit: 2623

Serial No.: 09/692,995

Confirmation No.: 8091

Filed: October 20, 2000


Docket No. A-6687 (191910-1570)

For: Media-On-Demand Bookmark System

Petition for Extension of Time (1-month)  
Fee Transmittal  
Credit Card Authorization (Authorizing \$120.00)  
Response to Non-Final Office Action  
Amendment Transmittal Letter

TOTAL PAGES (including cover sheet) 23

JUL 27 2006

<b>AMENDMENT TRANSMITTAL LETTER (LARGE)</b>				Docket No. <b>A-6687 (191910-1570)</b>	
Applicant(s) <b>Jerdling, et al.</b>					
Serial No. <b>09/692,995</b>	Filing Date <b>October 20, 2000</b>	Examiner <b>Belliveau, Scott E.</b>	Confirmation No. <b>8091</b>	Group Art Unit <b>2623</b>	
Invention: <b>Media-On-Demand Bookmark System</b>					
Commissioner for Patents Mail Stop Amendment P.O. Box 1450 Alexandria VA 22313-1450  Transmitted herewith is Response to Non-Final Office Action in the above-identified application.  The fee has been calculated and is transmitted as shown below					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	17 -	75 =	0	X \$50.00	\$0
<b>INDEP. CLAIMS</b>	2-	8 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
<b>EXTENSION FEE</b>	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,580.00	\$120.00
Other Fees: 0					\$0
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$120.00</b>
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00 (for 1 mo. EOT). <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 _____ David Rodack, Reg. No. 47,034				7-27-06 _____ Date	